| 1C             | МВ# 2050-0024;   | Expires 11/30/2011  |   |  |  |  |                    |  |
|----------------|--|---|---|--|--|--|--------------------|--|
| FC<br>Th<br>St | END DMPLETED DRM TO: ne Appropriate ate or Regional fice.    | United States<br>RCRA SUBTIT  |   |  |  |  | Name of the second |  |
| 1.             | Reason for<br>Submittal<br>MARK ALL<br>BOX(ES) THAT<br>APPLY | Reason for Submittal:  To provide an Initial Notification for this location)  To provide a Subsequent Notification and the second of a First RCF.  As a component of a Revised and As a component of the Hazard Site was a TSD facility and the second of the | fication (to upo<br>RA Hazardous<br>RCRA Hazard<br>lous Waste Ro<br>for generator o | date site ider<br>s Waste Part<br>dous Waste<br>eport (If mart<br>of >1,000 kg | ntification inform<br>A Permit Appl<br>Part A Permit A<br>ked, see sub-b<br>of hazardous v | mation for this location) ication Application (Amendment # ullet below) waste. >1 kg of acute haza | ardous waste or    |  |
| 2.             | Site EPA ID<br>Number  | LQG regulations)  EPA ID Number [[X   K   C   C   |   | 6161   |  | 1/24/20  |                    |  |
| _              |  |   |   |  |  | /.   | 10                 |  |
| 3.<br>—        | Site Name  | Name: Target Store #2234  |   | <del></del>  |  |  |                    |  |
| 4.             | Site Location<br>Information                                 | Street Address: 4701 Lakeview Pkg   | 01 Lakeview Pkwy  |  |  |  |                    |  |
|                | monnation  | City, Town, or Village: Rowlett   |   |  |  | County: Dallas   |                    |  |
|                |  | State: Texas  | Country: L  | JSA  |  | Zip Code: 75088-   | 4037               |  |
| 5.             | Site Land Type   | ☑ Private ☐ County ☐ Dist   | rict 🔲 Fed  | deral 🔲  | Tribal 🔲   | Municipal  | Other              |  |
| 6.             | NAICS Code(s)<br>for the Site                                | A. 4 5 2 1 1  | 1 2   | c.   | c  |  |                    |  |
|                | (at least 5-digit<br>codes)                                  | В. [ ] ] ]  |   | D.   |  |  |                    |  |
| 7.             | Site Mailing<br>Address                                      | Street or P.O. Box: PO Box 111  |   | ·  |  |  |                    |  |
|                |  | City, Town, or Village: Minneapolis   |   |  |  |  |                    |  |
|                |  | State: MN   | Country: U  | ISA  | ,  | Zip Code: 55440-01   | 11                 |  |
| 8.             | Site Contact   | First Name: Mark  | MI:   | Last: Sch  | warze  |  |                    |  |
|                | Person   | Title: Senior Analyst   |   |  |  |  |                    |  |
|                |  | Street or P.O. Box: PO Box 111  |   |  |  |  |                    |  |
|                |  | City, Town or Village: Minneapolis  |   |  |  |  |                    |  |
|                |  | State: MN   | Country: U  | SA   |  | Zip Code: 55440-01   | 11                 |  |
|                |  | Email: Corporate.Compliance @target.com   |   |  |  |  |                    |  |
|                | .,,  | Phone: 612-761-5035   | Ex  | t.:  |  | Fax: 612-761-2219  |                    |  |
| 9.             | and Operator   | A. Name of Site's Legal Owner: Targe  | et Corporatio   | on   |  | Date Became Opened Owner:  | d 07/25/07         |  |
|                |  | Owner Type: Private County  | District  | ☐ Federa   | ıl 🗆 Tribal  | ☐ Municipal ☐ State  | e DOther           |  |

Date Became Opened 07/25/07 Name of Site's Operator: Target Corporation Operator: Operator ☐ Federal ☐ County ☐ District ☐ Tribal ☑ Private Type: ☐ Municipal ☐ State

Country: USA

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 11/2009) & REPORTING

State: MN

Street or P.O. Box: PO Box 111 City, Town, or Village: Minneapolis

Page1 of\_

Other

540-570-12

Phone: 800-587-2228

Zip Code: 55440-0111

| EPA ID Num                              | nber   |   |   |   | OMB#: 2050-0024; Expires 11/30/2011   |
|---|--|---|---|---|---|
| I0. Type of<br>Mark "Y                  | Regulated Waste<br>es" or "No" for a   | Activity (at your site)<br>Il <u>current</u> activities (as of  | the date submitting the   | form); comp                                 | lete any additional boxes as instructed.  |
| A. Hazardo                              | us Waste Activiti  | es; Complete all parts 1-   | 7.  |   |   |
| Y N N N N N N N N N N N N N N N N N N N | 1. Generator of If "Yes", ma  a. LQG:  b. SQG:  c. CESQG:  If "Yes" about the every provide a e. United S. f. Mixed W.  al Waste Activities  1. Large Q. accumu regulaties | Generates, in any calend (2,200 lbs./mo.) or more of Generates, in any calend accumulates at any time, lbs./mo) of acute hazardo Generates, in any calend accumulates at any time, (220 lbs./mo) of acute hamaterial.  100 to 1,000 kg/mo (220 acute hazardous waste. Less than 100 kg/mo (220 hazardous waste.  Less than 100 kg/mo (220 hazardous waste.  The Generator (generate from and not from on-going plan explanation in the Commitates Importer of Hazardous aste (hazardous and radioses; Complete all parts 1-2 uantity Handler of Universitate 5,000 kg or more) [resons to determine what is | ing – a, b, or c.  ar month, 1,000 kg/mo of hazardous waste; or ar month, or more than 1 kg/mo (2.2 ous waste; or ar month, or more than 100 kg/mo zardous spill cleanup  – 2,200 lbs./mo) of non- 0 lbs./mo) of non-acute  itor activities.  If "Yes", hents section.  Is Waste active) Generator  sal Waste (you fer to your State regulated]. Indicate | Y □ N ☒  Y □ N ☒  Y □ N ☒  Y □ N ☒  Y □ N ☒ | <ol> <li>Transporter of Hazardous Waste If "Yes", mark all that apply.</li> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> <li>Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</li> <li>Recycler of Hazardous Waste</li> <li>Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.</li> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> <li>Underground Injection Control</li> <li>Receives Hazardous Waste from Off-site Activities; Complete all parts 1-4.</li> <li>Used Oil Transporter If "Yes", mark all that apply.</li> <li>a. Transporter</li> </ol> |
| Υ□N                                     | a. Batter b. Pestic c. Merci d. Lamp e. Other f. Other g. Other  | cides<br>ury containing equipment   | ⊠<br>□<br>□<br>□<br>□<br>□  | Y 🗌 N 🗵                                     | <ul> <li>□ b. Transfer Facility (at your site)</li> <li>2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.</li> <li>□ a. Processor</li> <li>□ b. Re-refiner</li> <li>3. Off-Specification Used Oil Burner</li> <li>4. Used Oil Fuel Marketer If "Yes", mark all that apply.</li> <li>□ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>□ b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>   |

| E        | PA ID Numbei  | r  |  |   | OMB  | #: 2050-0024; Ex   | pires 11/30/2011                      |  |
|----------|---|--|--|---|--|--|---------------------------------------|--|
| D.       | Eligible Aca<br>wastes purs                         | Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K |  |   |  |  |                                       |  |
|          | ❖ You m<br>262 St                                   | <u>ust</u> check with your<br>Jbpart K   | State to determine if yo   | ou are eligible to mar                            | nage laboratory hazaro                       | dous wastes pursuar  | nt to 40 CFR Part                     |  |
| ļ        | See the if  | tem-by-item instru<br>lege or University<br>aching Hospital that   | ating under 40 CFR Par<br>ections for definitions<br>is owned by or has a fo | of types of eligible<br>ormal written affiliation | academic entities. No                        | Mark all that apply:   | boratories                            |  |
| F        | ••••  |  | is owned by or has a fo  |   |  | -  |                                       |  |
| L        | ☐ 2. Withdrawi ———————————————————————————————————— | ing from 40 CFR Pa   | art 262 Subpart K for the  | e management of ha                                | zardous wastes in labo                       | oratories  | · · · · · · · · · · · · · · · · · · · |  |
| 11.      | Description   | of Hazardous Was   | te   |   | VA   | The state of the s |                                       |  |
| Δ.       | Waste Codes<br>your site. Lis<br>spaces are n       | st them in the order   | gulated Hazardous Wa<br>they are presented in th                             | istes. Please list the<br>ne regulations (e.g., I | waste codes of the F<br>2001, D003, F007, U1 | ederal hazardous wa<br>12). Use an additio   | astes handled at<br>nal page if more  |  |
|          | D001  | D002   | D008   | D009  | D011   | D016   |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  | '  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  | ·                                     |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
| <u>.</u> |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
| 3.       | Waste Codes<br>hazardous wa<br>spaces are ne        | astes handled at you   | ed (i.e., non-Federal) l<br>ur sile. List them in the                        | Hazardous Wastes.<br>order they are prese         | Please list the waste                        | codes of the State-F<br>s. Use an additional   | Regulated<br>page if more             |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   | = i,   |  |   |  |  |                                       |  |
|          |   |  |  |   | -  |  | 79.7                                  |  |
| _        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             | ****   |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |
|          |   |  |  |   |  |  |                                       |  |

| PA ID Number  |  | OMB#: 2050-0024; Expires 11/30/20   |
|---|--|---|
| Notification of Hazardous Secondary Mate  | rial (HSM) Activity  |   |
| secondary material under 40 CFR 2   | 0.42 that you will begin managing, are managing 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)  | 5)?   |
| If "Yes", you <u>must</u> fill out the Adden<br>Material.   | dum to the Site Identification Form: Notification  | for Managing Hazardous Secondary  |
| Comments  |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| A depart of the second of the |  |   |
|   |  |   |
|   | - 1/2  |   |
|   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| accordance with a system designed to assur<br>on my inquiry of the person or persons who information submitted is, to the best of my known and the penalties for submitting false information, income   | hat this document and all attachments were pro-<br>re that qualified personnel properly gather and of<br>manage the system, or those persons directly re-<br>nowledge and belief, true, accurate, and comple-<br>cluding the possibility of fines and imprisonment<br>all owner(s) and operator(s) must sign (see 40 | evaluate the information submitted. Base<br>esponsible for gathering the information, t<br>ete. I am aware that there are significant<br>t for knowing violations. For the RCRA |
| gnature of legal owner, operator, or an ithorized representative  | Name and Official Title (type or print)  | Date Signed<br>(mm/dd/yyyy)   |
| James High  | Janna Adair-Potts  | 01-14-2010  |
| from for 1 or   | Senior VP Store Operations   |   |
|   |  |   |
|   |  |   |